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STATE LOSS CONTROL TEAM WINS NATIONAL AWARD

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Colorado's Loss Control Team from left to right: Brenda Hardwick, Tom Bell and Phil Savage.

Recently, the National Association of State Personnel Executives (NASPE) awarded Colorado's Repetitive Motion Injury Cost Reduction Program the ninth annual Eugene H. Rooney, Jr. Award for Innovative State Human Resource Management. The program, developed by Risk Management's Phil Savage, Brenda Hardwick and Tom Bell, will be honored at NASPE's 25th Annual Meeting in Indiana this August.

Since 1991, upper extremity repetitive motion injuries, such as carpal tunnel syndrome and tendonitis, have accounted for approximately 25 percent of Colorado's reported work-related injuries. The workers' compensation claims, medical costs, and costs associated with lost work hours and reduced productivity due to these injuries presented a difficult challenge for the state's Safety and Loss Control Team.

The team began traveling the state performing ergonomic evaluations in 1991, when ergonomic solutions were still in their infancy. The evaluations analyzed, identified and corrected workers' behaviors and environments that may have caused or contributed to repetitive motion injuries. The program's comprehensive approach has yielded exceptional results through the use of on-site employees trained to perform workstation evaluations and an on-line training course. This approach has significantly increased employee awareness, prevention training, and the number of evaluations performed in participating departments.

The pilot study produced a 29 percent reduction in overall costs to treat repetitive motion injuries in FY 2000-01.

The winning submissions, along with the other submittals, can be viewed in their entirety at www.naspe.net.

NEW SRM WEBSITE

The Division of Human Resources has a new website with new web pages for the State Risk Management office. The Division of Human Resources website is at: www.state.co.us/dhr/, then click on "Risk Management" on the menu at the left to get State Risk Management web pages.

The "Related Links" at the right of the page has links to Risk Management forms, training materials, and back issues of *Risky News*.

ADDITIONAL SAFETY PUBLICATIONS ON-LINE:

Occupational Health and Safety

www.ohsonline.com/

Compliance

www.compliancemag.com

Industrial Health and Safety

www.ishn.com/

Safety OnLine

www.safetyonline.com/

RiskWorld

www.riskworld.com/

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OCCUPATIONAL MEDICAL SOCIETY GUIDELINES FOR HIV/AIDS

Between 650,000 and 900,000 Americans are currently living with HIV infection. The population hardest hit is in the 25-49 year old age bracket, substantially impacting the American workplace. HIV and AIDS create a wide range of sensitive medical, social, and political issues for the workplace. Employers and infected individuals face recurring difficulties while the afflicted try to remain occupationally productive. As more AIDS patients benefit from newer and more highly effective therapy, their re-integration into the workplace adds an additional layer of complexity.

Because occupational and environmental medicine (OEM) physicians play a pivotal role in dealing with these issues, the American College of Occupational and Environmental Medicine (ACOEM), an international medical society of more than 6,000 occupational and environmental physicians, has developed the *HIV and AIDS in the Workplace Guideline*.

The *Guideline* addresses not only the general issues involved, but what role the OEM physician should play within the context of the Americans with Disabilities Act of 1990 and the Family Medical Leave Act of 1993. The

Guideline also focuses and makes recommendations regarding issues specific to the health care industry, including the infected health care worker, exposure prevention, and prophylactic therapy.

The *Guideline* also makes recommendations regarding the handling of sensitive medical information, as well as the complexities of designing reasonable accommodations and evaluating the appropriateness of leaves under the FMLA.

Specifically, the *Guideline* includes recommendations concerning the transmission of HIV from health care workers to patients, noting that accumulated evidence has found no basis to restrict the practice of HIV-infected health care workers who perform invasive procedures using appropriate precautions. The *Guideline* does not support notification of patients of a health care worker's HIV status unless an exposure has taken place.

The *Guideline* is posted on the ACOEM web site at www.acoem.org.

Need help in developing your agency's bloodborne pathogens program? State Risk Management can help, the numbers are (303)866-3848 or 1-800-268-8092 toll-free in Colorado.

HHS ISSUES GUIDELINES FOR SAFEGUARDING BUILDING VENTILATION SYSTEMS FROM TERRORIST ATTACKS

The Department of Health and Human Services (HHS) has released new guidelines for protecting ventilation systems in commercial and government buildings from chemical, biological, and radiological attacks. The guidelines provide recommendations that address the physical security of ventilation, airflow and filtration systems, systems maintenance, program administration, and maintenance staff training.

"These guidelines offer practical advice to building owners, managers and maintenance staffs on the steps they can take to protect their ventilation systems," said HHS Secretary Tommy G. Thompson.

The Centers for Disease Control and Prevention's (CDC) National Institute for Occupational Safety and Health (NIOSH) in HHS prepared the guidelines with input and review by the Office of Homeland Security's (OHS) Interagency Workgroup on Building Air Protection and more than 30 other federal agencies, state and local organizations and professional associations.

"This effort demonstrates how the federal government and the private sector can work together to make our nation more secure," said OHS Director Tom Ridge. The guidelines are intended as a first step toward

developing more comprehensive guidance for protecting building ventilation systems. The guidelines recommend that security measures be adopted for air intakes and return-air grilles, and that access to building operations systems and building design information should be restricted.

The information also recommends that the emergency capabilities of systems operational controls should be assessed, filter efficiency should be closely evaluated, buildings' emergency plans should be updated, and preventive maintenance procedures should be adopted. The document also cautions against detrimental actions, such as permanently sealing outdoor air intakes.

According to the guidelines, protective measures should be tailored to fit the individual building based on several factors, including the perceived risk associated with the building and its tenants, engineering and architectural feasibility, and cost.

"Guidance for Protecting Building Environments from Airborne Chemical, Biological, or Radiological Attacks," DHHS (NIOSH) Publication No. 2002-139, is available on the NIOSH Web page at <http://www.cdc.gov/niosh>. Copies can be obtained calling the NIOSH toll-free information number, 1-800-35-NIOSH (1-800-356-4674).

OSHA UPDATE

A new *Hazard Information Bulletin* issued by the Occupational Safety and Health Administration (OSHA) alerts dental laboratories on how to prevent exposure to beryllium, which can cause chronic beryllium disease (CBD), a debilitating and often fatal lung disease, or lung cancer.

The *Bulletin* presents a case of CBD recently diagnosed in a dental lab technician and recommends the types of engineering controls, work practices, training, personal protective equipment and housekeeping procedures that can be used to reduce beryllium exposure and the risk of CBD. It also provides information on a health surveillance tool that can be used to identify workers with CBD, or beryllium-sensitized individuals, who are at a high risk of progressing to CBD.

Dental laboratory technicians can develop CBD if they inhale dust containing beryllium when working on items such as dental crowns, bridges, and partial denture frameworks made from dental alloys containing beryllium. CBD may develop within months after initial exposure to beryllium or may have a very slow onset and not develop until years after exposure to beryllium has occurred.

Not all dental alloys contain beryllium. Dental laboratories and technicians should inquire about the contents of the alloys they are using. Information about the contents of dental alloys can be found in the Material Safety Data Sheets (MSDS) that accompany these products to the dental laboratory.

Under OSHA's current beryllium standard, employees

cannot be exposed to more than 2 micrograms of beryllium per cubic meter of air for an 8-hour time-weighted average. Recent information suggests that compliance with this exposure limit is not adequate for preventing the occurrence of CBD. The *Bulletin* calls for, to the extent feasible, the use of improved engineering controls and work practices.

For more information on Beryllium, please visit the OSHA web site at www.osha.gov.

OSHA OFFERS TWO NEW PUBLICATIONS

Updated publications from OSHA on electrical hazards and bloodborne pathogens are available to assist employers and workers in maintaining safe and healthful work environments.

Controlling Electrical Hazards, OSHA 3075, is an up-to-date overview of basic electrical safety, OSHA electrical safety standards, and information employers need to comply with those standards. The booklet provides guidance for employees who work with electricity directly, such as engineers, electricians, electronic technicians and power line workers, as well as the millions of people who deal with electricity indirectly in the course of their everyday work.

Also, a newly revised *Bloodborne Pathogens* fact sheet explains what bloodborne pathogens are, protections offered by OSHA's Bloodborne Pathogen standard, and steps employers can take to protect their workers.

Both publications are available electronically on OSHA's website, www.osha.gov, and hard copies of *Controlling Electrical Hazards* are available through OSHA's Online Publications Order Form and from the OSHA Publications Office at (800) 321-OSHA.

NIOSH HAS NEW BOOKLET ON PREVENTING ASSAULTS ON HOSPITAL WORKERS

Hospital employees are more likely to be assaulted on the job than the average worker. Administrators and staff can reduce the risk by taking strategic preventive steps, according to the National Institute for Occupational Safety and Health (NIOSH)

The document, "*Violence: Occupational Hazards in Hospitals*," highlights factors that put hospital workers at risk of assault from patients, intruders, and others, and outlines practical preventive measures.

Factors that may increase risk of violence for hospital employees include: working directly with volatile

individuals, staffing patterns, crowded waiting rooms, long waits for service, inadequate security, and poor environmental design.

NIOSH recommends that individual hospitals develop safety programs that include management commitment to safety, employee participation, identification of hazards, employee training, and hazard prevention, control, and reporting.

Copies of the document, DHHS (NIOSH) Publication No. 2002-101, are available from the NIOSH at 1-800-35-NIOSH. Additional information may be found on the Web site under "*Violence: Occupational Hazards in Hospitals*" at www.cdc.gov/niosh/2002-101.

COLORADO REPORTS FIRST CASE OF HANTAVIRUS FOR 2002

Colorado's first case of hantavirus in the year 2002, which has resulted in the hospitalization of a 64-year-old Gunnison County man, has been confirmed by the Colorado Department of Public Health and Environment's Laboratory. An investigation will be conducted this week to determine how the man was infected with the disease. The man was hospitalized in Gunnison on Tuesday, May 28, and was then transferred to a Grand Junction hospital.

There were no hantavirus cases in Colorado in 2001. However, in 2000, there were eight hantavirus cases, including three deaths, and in 1999, there were four cases, including one death.

John Pape, a State Department of Public Health and Environment epidemiologist who specializes in animal-related diseases, said hantavirus, which kills 30 percent of the people who contract it, is a respiratory disease that can infect humans when they inhale dirt and dust contaminated with deer mice urine and feces. This can occur when people have contact with infected mice or stir up dust while working in or cleaning out rodent-infested structures such as barns, garages, storage sheds, trailers or cabins.

"Deer mice," Pape explained, "are rural mice that are brown on top with a white underbelly. They have large ears relative to their head size. Common house mice, which are all grey and have small ears, don't carry the virus."

Pape warned people who are to cleaning out storage areas to make certain the area they are cleaning out is well ventilated before they start the clean up process.



The deer mouse is a rural mouse and has large ears relative to thier head size.

"If mouse droppings are visible, or there are other signs that live mice are still occupying the building structure, then rodent control should be done," he said.

Pape recommended the following tips to protect against hantavirus:

- Rodent proof buildings by plugging holes or other mouse entryways. Conduct year-round rodent control, using traps, poisons or hire a professional exterminator.
- Make home or work areas unattractive to rodents. Keep indoor areas clean, especially kitchens. Store food in rodent proof containers and properly dispose of garbage in sealed containers. This includes pet, livestock and bird food.
- Remove rodent hiding places such as wood, junk and brush piles. Store firewood at least 100 feet from the house. Keep vegetation around the house well trimmed.
- Use caution when cleaning out enclosed areas such as trailers, cabins, barns or sheds. Open doors or windows to provide good ventilation for at least 30 minutes before cleaning out structures.
- Avoid stirring up dust by watering down mouse droppings, nest materials and carcasses with a mixture of bleach and water. A bleach mixture of one cup of bleach per gallon of water is recommended.
- Thoroughly soak down potentially contaminated areas with the bleach mixture.
- Use rubber gloves to pick up saturated waste, including nesting materials or dead mice. Double bag the waste using plastic bags, and bury or dispose of in an outdoor garbage can or landfill.
- Disinfect gloves with bleach and water before removing. Wash hands afterwards.
- In cases of severe infestation, or when ventilation and dust suppression are not possible, use a rubber face mask equipped with a High Efficiency Particulate Air (HEPA) filter.

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- People camping in rural areas should avoid sleeping on bare ground, but should use tents or ground covers.

HANTAVIRUS SYMPTOMS:

Pape explained that hantavirus strikes a human with flu-like symptoms that begin one-to-five weeks after being exposed.

“The disease in an infected person begins with fever, severe body aches, a headache and in about half the cases, nausea and vomiting,” he said.

In the early stage of the disease, respiratory symptoms are absent. An illness that begins with a cough, sneezing, runny nose or sinus congestion is unlikely to be caused by hantavirus, Pape said.

“Within one-to-five days, the illness quickly progresses to respiratory distress, including a dry cough, shortness of breath and difficulty breathing, as the lungs fill with fluid. Rapid medical attention is critical,” he said.

For more information or a brochure about hantavirus, call your local health department or the Colorado Department of Public Health and Environment at (303) 692-2700 or toll-free at 1-800-886-7689.

Answers to frequently asked questions about hantavirus can also be found on the department’s web page at: www.cdphe.state.co.us/dc/zoonosis/hantafaq.html. The Centers for Disease Control also has a hantavirus site at www.cdc.gov/ncidod/diseases/hanta/hps/.

PERDUE FARMS AGREES TO CHANGE PAY PRACTICES AND MILLIONS IN BACK WAGES TO 25,000 POULTRY WORKERS

The U.S. Department of Labor has announced the filing of one of the largest consent judgments in the history of its Wage and Hour Division.

Under the consent judgment with Perdue Farms, Inc., which is estimated to be worth over \$10 million to Perdue poultry workers, the company agreed to change current and future pay practices at all of its domestic poultry processing facilities, and compensate more than 25,000 current and former employees for time spent “donning and doffing” work clothing and protective gear.

The agreement with Perdue resolves a dispute over a poultry industry practice of not paying workers for time spent donning, doffing and sanitizing at the plant. Poultry processing workers are required to be ready to work, with work clothing and protective gear on, when the production line starts running, but are not paid for the time spent putting on the gear or cleaning up at the

end of day. Perdue is the first poultry company to agree to pay workers for all hours worked, including time spent on these work-connected activities.

The consent judgment was filed in the U.S. District Court for the Middle District of Tennessee by the Labor Department’s Solicitor’s Office, and must be approved by that court.

The FLSA requires that covered employees be paid the minimum wage of \$5.15 per hour for all hours worked and time and one-half their regular rate of pay for hours worked over 40 per week. The FLSA also requires employers to maintain accurate time and payroll records.

For more information about the FLSA, call the Department of Labor’s toll-free help line at 1-866-4USWAGE (1-866-487-9243). Information is also available on the Internet at www.dol.gov/.



AMERICANS WITH DISABILITIES UPDATE

APPEALS COURT SAYS STATE CANNOT BE SUED UNDER ADA

The U.S. Court of Appeals for the Tenth Circuit has ruled that the State of Colorado cannot be sued under Title II of the Americans with Disabilities Act (ADA) in the case of *Thompson v. State of Colorado* (No. 99-1045, D.C. No. 96-S-1791).

The court ruled that the state's Eleventh Amendment immunity prohibits lawsuits under Title II of the ADA. In addition, the court analyzed Title II under recent Supreme Court decisions and concluded that the law was not a valid exercise of Congress' power under the Fourteenth Amendment.

The plaintiffs filed a class action claiming that the ADA prohibited the state from charging fees for disabled parking placards. Colorado law requires a fee, which at the time was \$1.25 a year.

The federal regulation states that "A public entity may not place a surcharge on a particular individual with a disability or any group of individuals with disabilities to cover the costs of measures, such as the provision of auxiliary aids or program accessibility, that are required to provide that individual or group with the nondiscriminatory treatment required by the [ADA] or this part." (28 C.F.R. § 35.101).

Title I of the ADA prohibits private employers, state and local governments, employment agencies and labor unions from discriminating against qualified individuals with disabilities in job application procedures, hiring, firing, advancement, compensation, job training, and other terms, conditions and privileges of employment.

Title II of the ADA prohibits discrimination on the basis of disability in all services, programs, and activities provided to the public by State and local governments, except public transportation services.

The question of to what extent a state may be sued under the ADA has been the subject of a great deal of litigation nationwide. In *University of Alabama v. Garrett*, the Supreme Court ruled that Title I of the ADA prohibits suits against states under the Eleventh Amendment.

Thompson and several other appellate cases have taken different approaches to the question of suits under Title II. The Supreme Court has not yet ruled on the issue.

COURT RULES AGAINST DISABLED WORKERS

WASHINGTON (AP) — Employers do not have to upend their seniority policies to accommodate a disabled worker, the Supreme Court ruled in a 5-4 decision, *US Airways v. Barnett*, 00-1250. The plaintiff wanted a mailroom job that did not aggravate his back injury, but employees with more years on the job had first choice on taking the position. He sued under the ADA.

"The statute does not require proof on a case-by-case basis that a seniority system should prevail," Justice Stephen Breyer wrote for the majority. Rather, the assumption is that seniority systems take precedence. Anything else could compromise the expectations or job security of all employees covered by a seniority system, Breyer wrote.

The court has ruled for employers and against a disabled employee each time it has examined the scope of the ADA in the workplace. This latest decision is no exception, although the court ruled that employees covered by seniority systems remain free to try to show that their case is special. The court said it is entirely up to the employee to prove they deserve a break — the employer gets the edge.

The ruling applies to any workplace with a seniority system, whether the system was devised by management or is the result of a contract with a labor union. Employment law experts gave differing assessments of the ruling's effect, but most agreed that it will have the greatest impact in nonunion settings.

EEOC AND BNSF SETTLE GENETIC TESTING CASE

WASHINGTON — The U.S. Equal Employment Opportunity Commission (EEOC) and The Burlington Northern and Santa Fe Railway Company (BNSF) have announced a mediated settlement for \$2.2 million of EEOC's lawsuit which alleged that BNSF violated the Americans with Disabilities Act of 1990 (ADA) by genetically testing or seeking to test 36 of its employees without their knowledge or consent.

The genetic test was part of a comprehensive diagnostic medical examination that BNSF required of certain employees who had filed claims or internal reports of work-related carpal tunnel syndrome injuries against the company.

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"I am very pleased to announce the successful resolution of this matter through voluntary mediation," said EEOC Chair Cari M. Dominguez. "Without the willingness of BNSF to mediate and bring prompt closure, this case could have taken years to litigate. Instead, the parties were able to work collaboratively to bring this matter to an amicable resolution that satisfied the interests of all the parties concerned."

Dominguez noted that the BNSF case was the first-ever EEOC litigation challenging genetic testing under the ADA.

EEOC Commissioner Paul Steven Miller noted that: "While the EEOC did not find that BNSF had used genetic tests to screen out employees, employers should be aware of the EEOC's position that the mere gathering of an employee's DNA may constitute a violation of the ADA."

Matthew K. Rose, Chairman, President and CEO of BNSF, said: "BNSF did not engage in genetic screening of asymptomatic employees for any employment action."

Under the terms of the settlement, BNSF has agreed it will not use genetic tests in required medical examinations of its employees in the future, will provide enhanced ADA training to its medical and claims personnel, and will have senior management review of all significant medical policies and practices.

In addition, BNSF has agreed to pay up to \$2.2 million to the employees who were directed to appear for the medical examination for claims related to the genetic tests, as part of a larger settlement which included partial payments for claims filed under the Federal Employers' Liability. Further information about the EEOC is available on its Web site at www.eeoc.gov/.

NHTSA REPEATS ROLLOVER WARNING TO USERS OF 15-PASSENGER VANS

The nation's top motor vehicle safety executive, Jeffrey Runge, M.D., head of the U.S. Department of Transportation's National Highway Traffic Safety Administration (NHTSA), today reissued a cautionary warning to users of 15-passenger vans because of an increased rollover risk under certain conditions.

The safety agency also unveiled a consumer flyer for users of 15-passenger vans.

NHTSA research has shown that 15-passenger vans have a rollover risk that increases dramatically as the number of occupants increases from fewer than five to more than ten. In fact, 15-passenger vans (with 10 or more occupants) had a rollover rate in single vehicle crashes that is nearly three times the rate of those that were lightly loaded.

"Because of these risks, it is vital that users of 15-passenger vans be aware of some safety precautions that will significantly reduce the risk," said Dr. Runge. Among the recommendations are the following:

- It is important that 15-passenger vans be operated by trained, experienced drivers.
- Insist that all occupants wear seat belts at all times.

Eighty percent of those who died in 15-passenger van rollovers nationwide in the year 2000 were not buckled up. Wearing seat belts dramatically increases the chances of survival during a rollover crash. In fatal,

single-vehicle rollovers involving 15-passenger vans over the past decade, 92 percent of belted occupants survived.

NHTSA is reissuing this advisory to specifically alert summertime users of 15-passenger vans. The agency also has prepared a flyer on 15-passenger van safety that is available on the web at:

www.nhtsa.dot.gov/Hot/15PassVans/index.htm.

The agency also is considering the potential benefits of an additional warning label about rollover and seat belt use that would be visible to the driver and passengers of 15-passenger vans, respectively.

While federal law prohibits the sale of 15-passenger vans for the school-related transport of high school age and younger students, no such prohibition exists for vehicles to transport college students or other passengers.

A copy of the NHTSA analysis of the rollover characteristics of 15-passenger vans can be found at:

www-nrd.nhtsa.dot.gov/departments/nrd-30/ncsa/AvailInf.html under "Research Notes".

The new consumer advisory also is available at: www.nhtsa.dot.gov/nhtsa/announce/.

A pdf flyer about van safety is at:

www.nhtsa.dot.gov/hot/15PassVans/NHTSA_FLYER.pdf

A pdf hang tag for vans is at:

www.nhtsa.dot.gov/hot/15PassVans/ROLLOVER_HANGTAG_LaserRes.pdf

SUMMER ENVIRONMENTAL PROTECTION: ENJOYING THE SUN SAFELY

The onset of summer vacations means that millions of American families will be on the beaches, in the woods or at the parks. Environmental awareness tends to peak in the spring and summer months when people find themselves playing outdoor sports, cutting the lawn or simply enjoying the countryside.

Environmental protection is very much about balance and moderation. We use insecticides to keep away the mosquitoes, but we try to be careful to not over use them. We use fertilizers on our lawns and gardens, but try to moderate their use.

We need to use the same care when it comes to exposure to the sun. If exposure is kept in balance and moderation, there's usually no problem. Overdo it, and you can be in for a lifetime of trouble.

This is particularly true for our children. Most of the average person's lifetime of exposure to the sun occurs before the age of 18. According to EPA's SunWise medical research partners, a handful of blistering sunburns as a child can more than double the risk of developing melanoma later in life. Overexposure to harmful ultraviolet radiation as a child or an adult can result in a whole host of other health problems including cataracts, premature aging of the skin and immune system problems.

The facts about skin cancer are striking. Skin cancer, is the most common form of cancer in our country, where one-in-five Americans will develop skin cancer in their lifetime. There are about 1.3 million cases of skin cancer reported each year. One person dies each hour from this disease.

Skin cancer is one of the fastest growing diseases in America, where the number of cases of melanoma has more than doubled in the last twenty years. Unfortunately, our scientists and medical experts believe that this number will continue to grow.

It's sad to know that many of those of us who grew up in the baby-boom generation and worshiped the sun as teenagers are now finding out the extent of the damage we've done. On the other hand, it's encouraging to know that skin cancer is almost entirely preventable. It just takes a little balance and moderation.

HERE'S WHAT YOU CAN DO:

- Limit the time in the midday sun. Find another activity, indoors or in the shade, during the midday when the sun's rays are the strongest.
- Always wear sunscreen with an SPF of 15, or higher. Modern sunscreens aren't greasy and stand up well to athletics. They should be reapplied every few hours to ensure their effectiveness.
- Wear a hat and loose-fitting clothes. Covering up with loose-fitting clothes means that you can keep your skin out of the sun's rays without keeping yourself out of the sun.
- Wear sunglasses with UV-blocking lenses. Sunglasses that block UV rays will reduce tremendously the exposure that is related to cataracts and other eye problems.

PREVENTING DISEASE FROM TICKS

Ticks have made an earlier appearance in Colorado's mountains this year because of early warm weather, and there may be more of them because of the mild winter, which killed fewer of them.

As a result, John Pape, an epidemiologist for the Colorado Department of Public Health and Environment who specializes in animal-related diseases, warned campers and other visitors to the state's high country to take precautions against ticks because they can transmit diseases to humans.

Pape said cases of tick-borne disease already have been reported in Colorado this spring, indicating their early arrival. He explained, however, that the drought is not expected to affect ticks, which are "fairly drought resistant," although drought conditions are expected to affect mosquitoes and fleas.

An average of 25-30 cases of Colorado tick fever have been reported annually in Colorado over the last 10 years. However, this number reflects only a small percentage of the actual cases that occur.

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Pape said, "Colorado tick fever is common. It is not transmitted person-to-person, and has no specific treatment so many physicians do not confirm it with blood tests and cases are not required to be reported to the state."

Pape continued, "Symptoms begin three to five days after the tick bite and include high fever, muscle pain, severe headache and fatigue. The symptoms last several days, clear up for a day or two and then reappear for a couple more days. The entire illness lasts about a week."

Persons who become ill following a tick bite should contact their physician to insure that it is Colorado tick fever and not something more serious, such as Rocky Mountain spotted fever, which is also transmitted by ticks.

Pape pointed out that while ticks can be found anywhere, they tend to concentrate on sunny, southern slopes and in areas with grass and low-brush vegetation. When a person walks by, ticks climb on clothing or bare skin and begin to look for a place to dig in. Embedded ticks can transmit a number of diseases.

Pape explained, "There is no need to avoid the mountains or to curtail outdoor activities because of ticks. However, people need to be aware ticks are out there and take a few simple precautions."

Persons going to the mountains should wear light-colored clothing, which makes it easier to see the ticks, and to apply a small amount of an insect repellent with DEET, especially on the ankles and legs.

The most effective way to avoid tick-borne diseases is to conduct regular "tick checks." Tick checks are head-to-toe searches, which focus in particular on the neck beneath the hair, that should be conducted on each

person every couple of hours during a mountain excursion.

"Unless the tick is embedded in the ear or another sensitive area, the person should simply pull it out," said Pape. The recommended method of removal is to use tweezers or fingers covered with tissue paper. Grasp the tick where it has entered the skin and slowly pull it out using firm, steady pressure.

If the tick has made its way into the ear or another sensitive body area, consult a physician about removal. "Ticks secrete a type of glue that holds them in place while they are feeding. As a result, there may be some resistance but they will come out with steady pressure," Pape explained. "Avoid twisting or jerking the tick. When the tick has been removed, wash the bite site with soap and water."

Other methods of tick removal such as oil, fingernail polish or the heat from a match or cigarette are not recommended as they may cause the tick to rupture or regurgitate into the wound, increasing the risk of disease transmission.

"Besides," said Pape, "in many cases, you just kill the tick and have to pull it out anyway."

Two cases of Rocky Mountain spotted fever were reported in Colorado in 2001. Also in 2001, there were reports of two cases of tick-borne relapsing fever, a disease associated with staying in rodent-infested cabins or buildings where an unusual species of tick that lives in rodent nests is found.

For a free pamphlet on Colorado tick fever or other tick-borne disease information, contact the Department of Public Health and Environment at (303) 692-2700 or visit the Web site at:

www.cdphe.state.co.us/dc/zoonosis/zoonosis.asp.

STATE RISK MANAGEMENT CONFERENCE

Preparations are continuing for the State of Colorado Risk Management Conference on October 4, 2002 at the Arvada Center.

Workshops at this year's seminar include: Trauma Reduction Training, Projector Theft, Workers Compensation and ADA, Whats Cooking? (meth labs), Workplace Etiquette and Loss Control, Evacuation Plans and Search & Rescue, 15 Passenger Van Safety, and Disaster Contingency Planning.

Special attractions will include: Flu Shots, Cholesterol Screening, Excel Driving Simulator and the Breathe Better Bus.

Keynote Speaker Craig Beck of Washington Group International will provide a first-hand account of activities that take place after a disaster.

A copy of the conference brochure is available at: www.state.co.us/dhr/risk/docs/conference.pdf and an on-line registration form is at: www.state.co.us/gov/dir/gss/hr/forms/riskconf.htm

Please call State Risk Management if you have any questions about the seminar, **303-866-3848** or toll-free **1-800-268-8092**